

INFANTILE HYPERTROPHIC STENOSIS OF PYLORUS.*

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AUTHOR reports a case of operation for pyloric stenosis in an infant 4½ weeks old. The pylorus was found thickened and hard, and, deeming it impossible to perform a pyloroplasty, an anterior gastro-enterostomy was made. The child recovered and is still living eleven months from date of operation.

In addition to the 89 operative cases collected by Dr. Thompson in 1906, 25 operative cases have been collected by Dr. Bunts, and an endeavor made to ascertain the principal causes of death in the various operations performed and to estimate the probable percentage of recoveries and the prospects, if any, of improvement in operative results.

Of the total 114 cases, 53 recovered and 61 died, a mortality of 55 per cent., distributed as follows:

	Cases	Recovered	Died	Mortality. Per Cent.
Divulsion	27	13	14	51.8
Gastro-enterostomy ...	69	32	37	53.6
Pyloroplasty	17	8	9	53
Pylorectomy	1	0	1	100

No improvement but rather a higher mortality was shown in the last 25 cases.

The paper concludes as follows:

If one would be entitled to draw any conclusions from this résumé, they would be:

1. Congenital stenosis and infantile stenosis are of decidedly different clinical significance.

2. Congenital pyloric stenosis would in all cases call for very early operative interference.

* Author's abstract of paper read before the American Surgical Association, May 4, 1908.

3. Infantile pyloric stenosis develops after birth and is often amenable to medical treatment, but in the absence of improvement an early operation offers an excellent prospect of recovery.

4. There does not seem to be as yet any positive way to distinguish between the congenital and infantile forms. The earlier the symptoms, the more probable the congenital form.

5. In selected cases pyloroplasty offers results superior to those of gastro-enterostomy, and should be the operation of choice.

6. There has been no recent improvement in operative results.

7. The one great determining cause of death in practically all cases is delay, and it is obvious that until this obstacle is removed by the medical attendant, little or no improvement on the present statistics can be expected.